

EXHIBIT A

B10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT District of Nevada		RECEIVED AND	PROOF OF CLAIM 06-10725 GWZ 10 ↗ correct?
Name of Debtor POXHUTTSPE LLC <i>Del Valle Livingston LLC</i>		Case Number 09-32873	
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property) Walls Family Trust dated 12/10/97		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim MARY A SCHOTT CLERK	
Name and address where notices should be sent Walls Family Trust dated 12/10/97 Joseph P. Walls & Ellen Walls Trustees 2778 Bedford Way Carson City NV 89703 4618		Court Claim Number _____ <i>9/28/2006</i>	
Telephone number 775-884-2918		Filed on _____	
Name and address where payment should be sent (if different from above) <i>Same AS Above</i>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case	
1. Amount of Claim as of Date Case Filed <i>\$ 200,000 PRINCIPAL + 12% interest since 3/2006</i> If all or part of your claim is secured complete item 4 below however if all of your claim is unsecured do not complete item 4		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim	
If all or part of your claim is entitled to priority complete item 5 <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. §507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. §507(a)(5) <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. §507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. §507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. §507(a)()	
2. Basis for Claim <i>MONEY LOANED + Not Repaid</i> (See instruction #2 on reverse side)		6. Credits The amount of all payments on this claim has been credited for the purpose of making this proof of claim.	
3. Last four digits of any number by which creditor identifies debtor <i>See Attached Documents</i>		7. Documents Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary (See instruction 7 and definition of redacted on reverse side)	
4. Secured Claim (See instruction #4 on reverse side) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information <i>I AM UNSURE IF Secured OR UNSECURED.</i>		Amount entitled to priority \$ _____	
Nature of property or right of setoff <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe <i>There IS REAL estate</i>		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment	
Value of Property \$ _____ Annual Interest Rate % Amount of arrearage and other charges as of time case filed included in secured claim, if any \$ _____ Basis for perfection _____		8. DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING	
Amount of Secured Claim \$ _____ Amount Unsecured \$ _____			
9. If the documents are not available please explain			
Date <i>5/3/10</i>	Signature The person filing this claim must sign it. Sign and print name and title if any of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney if any		FOR COURT USE ONLY <i>RECD</i>
Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 and 1381 <i>ACB 05 2010</i>			

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USA CMC



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